



North Carolina National Guard Family Readiness Program Kids On Guard Overnight Camp

Application for Marriage Enrichment Weekend

Please Print Neatly.

CHILDREN'S INFORMATION

Child's Name:

Last, First, Middle

Gender:

☐

Female

☐

Male

Social Security No. _____

(Necessary for No-cost Invitational Travel Orders)

Date of Birth:

Age:

T-Shirt Size:

T-Shirt Sizes come in Youth or Adult Size. Please check one. Then select shirt size.

☐

Youth Sizes:

☐

S

☐

M

☐

L

☐

XL

☐

XXL

☐

Adult Sizes:

☐

S

☐

M

☐

L

☐

XL

☐

XXL

KOG Hats:

Hat Needed? ☐ Yes ☐ No

~Please bring your Kids on Guard T-Shirt & Hat, if you currently have one.~

Dietary Restrictions:

Activity Restrictions:

Medical Treatments:

CHILDREN'S INFORMATION

Parent/Guardian

Name:

Sponsor:

Address:

City, State, Zip:

Home Phone:

Email Address:

Work Phone:

Home Phone:

Cell Phone:

National Guard Parent, Guardian or Sponsor Currently Mobilized?

Individual you wish contacted in case of emergency:

Name:

Phone Number:

Complete and Turn-in Authorization for Medical Treatment, Statement of Understanding and Agreement with this application.

**North Carolina National Guard
Family Readiness Program
“Kids On Guard” Overnight Camp**

Statement of Understanding and Agreement

I acknowledge that I, _____ Acting as legal Guardian of _____
(Parent or Guardian) (Child's Name)

do hereby grant my permission for him/her to participate in the Kids On Guard Overnight Camp activities. I will take full responsibility for any damage that might occur to government property caused by my child. Should such participation result in injury/death I agree not to hold the U.S. Government, National Guard, State of North Carolina, its employees, Kids On Guard Overnight Camp support personnel or agents liable in any way. I also understand that Kids On Guard Overnight Camp support staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, other participants or Support Staff, as determined by the Kids On Guard Overnight Camp Staff. I further give my permission for the Kids On Guard Overnight Camp to release photographs and non-confidential information pertaining to my child to the media for publicity purposes.

Signature of Parent/Guardian Date

Signature of Child Date

Authorization for Medical Treatment

I, _____, as parent/guardian, authorize Emergency Medical Treatment for
_____, a minor, in case of accident, illness or any other emergency requiring
professional care during the Adventure Weekend activities. I understand that I will be responsible for any and all
cost of such treatment.

Signature of Parent/Guardian Date

Medical Information

Name of Family Physician: _____ Phone Number: _____

Address: _____

Name of Insurance Company: _____

Medical, group, or member #:

Individual you wish contacted incase of emergency:

Name: _____ Phone Number: _____

Alternate Name: _____ Phone Number: _____

Rappel Tower Permission Form (if applicable)

Please be advised your youth may choose to participate in our 20 foot Rappel Tower. We take every precaution including training, equipment checks, safety procedures and participant evaluation. As with any activity there are inherent risks.

- ☐ I **give** permission for my child, _____, to participate in the Rappel Tower activity.
☐ I **do not give** permission for my child, _____, to participate in the Rappel Tower activity.

Signature of Parent/Guardian Date